

# Iowa Department of Human Services

## Offer #401-HHS-007: Child Welfare/Juvenile Justice Community Services

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<b>This offer is for:</b>		<b>This offer includes the following appropriations:</b>
<b>X</b>	Status quo existing activity	Child and Family Services, General Administration, Field Operations, Volunteers, Pregnancy Counseling and Child Abuse Prevention

### **Result(s) Addressed:**

Child welfare and juvenile justice services are directed at four outcomes:

- Child safety
- Permanency
- Child well-being, including physical and mental health and education
- Offender rehabilitation, accountability and community safety

### **Program Description:**

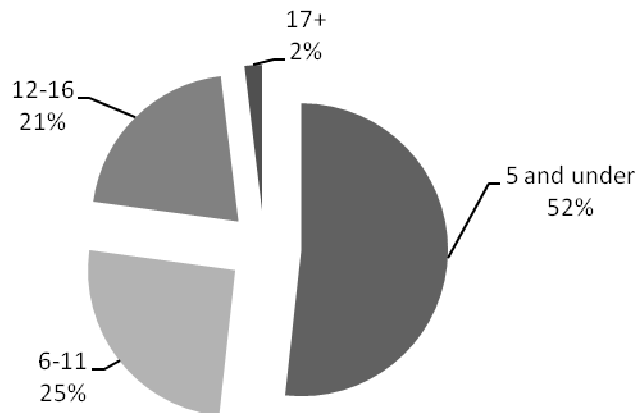
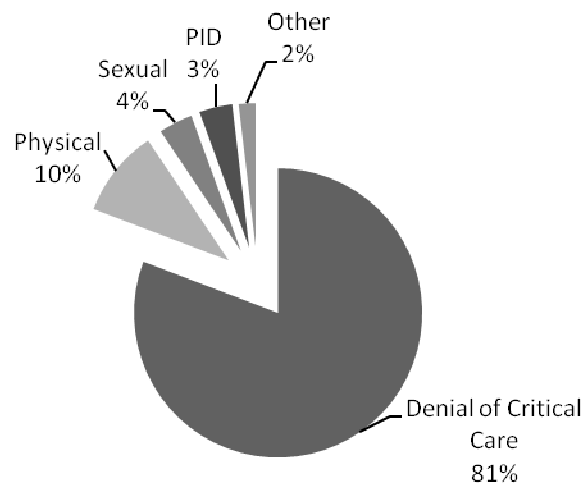
This offer provides for the delivery of an array of community based services and interventions for children who have been or are at-risk of being abused or neglected, children who are determined to be a child in need of assistance (CINA), and youth who are at risk of being or have been adjudicated delinquent.

### **Who:**

#### **Child Abuse**

In SFY 2009, a total of 10,701 children were victims of child abuse or neglect. The following charts provide a profile of the age and type of abuse experienced by these victims. These charts show the following:

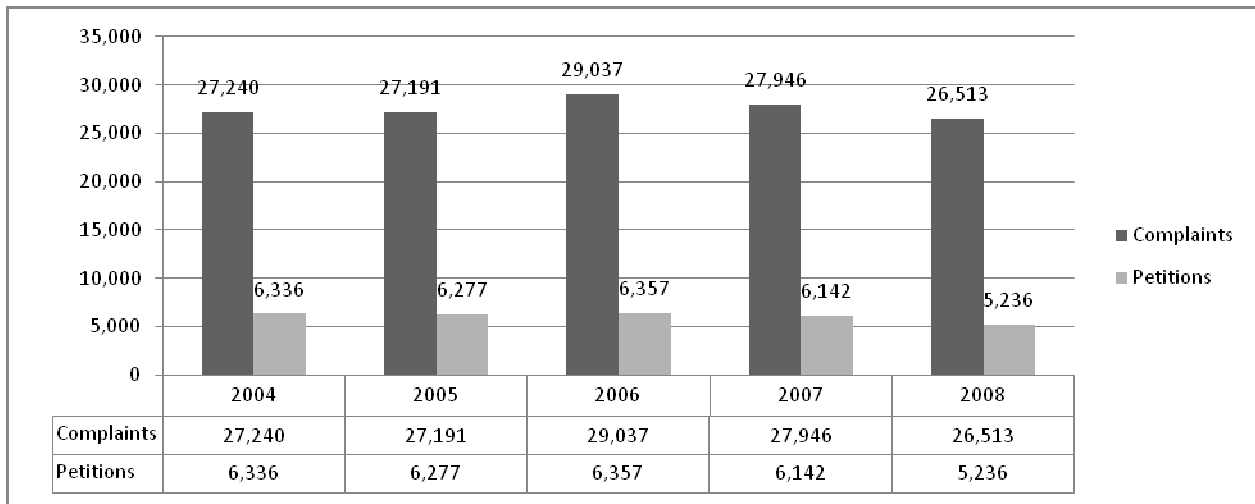
- Over half are age 5 or younger.
- Over 80% are victims of denial of critical care, or neglect. Examples of denial of critical care include parents leaving very young children home alone with no adult supervision exposing them to significant risk, failing to provide medical care when needed by the child, or neglecting an infant to the extent that the infant fails to grow and develop. Often, denial of critical care is associated with parental substance abuse or significant mental health issues.
- The number of confirmed cases of sexual abuse has declined. This category represented 4.2% of the child abuse victims in SFY 2006, and 3.8% in SFY 2009.

**FY 2009 Child Abuse and Neglect Victims by Age****FY 2009 Child Abuse and Victims by Type**

PID refers to “presence of illegal drugs” in the child’s body. Other includes manufacturing drugs, mental injury and prostitution.

### Juvenile Delinquency

Over 26,000 new youth are referred to Juvenile Court Services (JCS) each year. The following chart provides historical data on the number of law enforcement referrals and delinquency petitions.



A complaint is a referral from law enforcement on a law violation by a youth; one youth can have more than one complaint in a year. A petition is the filing of the legal complaint by the County Attorney for court action on a youth.

### What:

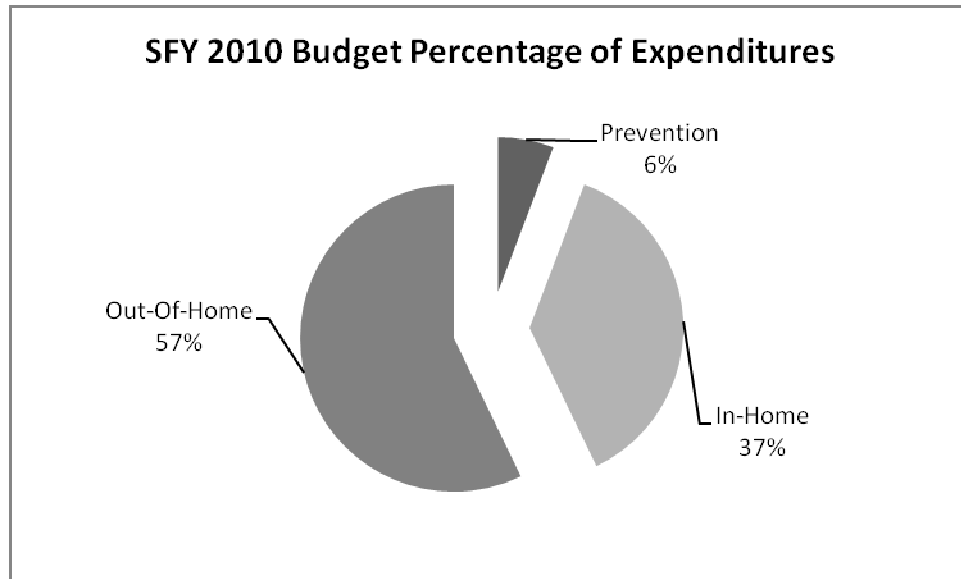
Through this offer, DHS provides an array of child welfare and juvenile justice services to respond to child abuse reports, child in need of assistance referrals and juvenile delinquency reports.

#### Child Abuse and Child in Need of Assistance (CINA)

DHS provides the following services in response to child abuse and CINA referrals.

- Statewide child abuse hotline that enables persons to report suspected child abuse and neglect 24 hours a day, 7 days a week.
- Assessments in response to child abuse reports and child in need of assistance referrals.
- Supervision and case management when continued DHS involvement is needed to address the factors that place the child at risk of future abuse or neglect.
- Community based prevention and early intervention services.
  - Prevention (e.g., child abuse prevention grants, decategorization services)
  - Early intervention services for at-risk children and families (e.g., Community Care, Community Partnerships for Protecting Children, decategorization services)
- Formal child welfare services, including the assignment of a DHS caseworker to supervise the child's safety and coordinate services. Following are the types of services that DHS provides to these children and families through contracts with community based agencies. Some of these services are provided on a voluntary basis, while others are provided as the result of a Juvenile Court Child in Need of Assistance (CINA) adjudication.
  - Family team meetings (FTM)
  - Drug testing and parental evaluations
  - In-home supports and services (e.g., protective child care, safety plan services, family safety, risk and permanency services)
  - Out-of-home placement services (e.g., relative home studies, family foster care, shelter care, group care, supervised apartment living)
  - Permanency services (e.g., reunification services, permanency planning, adoption, guardianship)
  - Transition services for foster care youth age 16 to 18 to prepare them for adulthood
- DHS staff also participate in Federal, State and community partnerships (e.g., decategorization and Community Partnerships for Protecting Children) focused on child protection.

The following charts provide information on the breakdown of services between prevention, in-home and out-of-home.



#### Juvenile Delinquency Response

- Juvenile Court Services (JCS), which is part of the Judicial branch, responds to complaints of law violations by a juvenile. They conduct assessments of risk and protective factors (including criminal history, education, employment, family, alcohol/drug use, mental health, attitudes and behaviors, aggression and skills), and determine the appropriate level of intervention. Interventions include the following.
  - Diversion from juvenile justice system entirely
  - Informal adjustments
  - Consent decree
  - Delinquency adjudication
  - Waiver to adult court
- Although Juvenile Court Services (JCS) supervises youth adjudicated delinquent, DHS funds an array of juvenile justice services that are provided by community based agencies under contract with DHS and JCS.
  - Prevention services (e.g., decaat funded services)
  - Early intervention services (e.g., school-based liaisons)
  - Graduated sanction services (e.g., life skills, tracking and monitoring, supervised community treatment, court ordered services)
  - Out-of-home placement services (e.g., family foster care, shelter care, group care, supervised apartment living)
  - Transition services for foster care youth age 16 to 18 to prepare them for adulthood
  - Juvenile drug courts
  - Detention
- Over the last four years, JCS has worked to incorporate evidence based practices into their work, based on a risk and needs assessment now being used throughout the state – including aggression replacement training, functional family therapy, and drug courts.

**Regulatory**

- DHS also regulates providers who serve children in either the child welfare or juvenile justice systems, and conducts evaluations of persons who have a criminal history or founded abuse report in a variety of programs serving children.

**How:****Program**

DHS contracts with community based agencies or other organizations to provide the following services and activities.

- *Prevention*: Includes child abuse prevention and adolescent pregnancy prevention.
- *Early intervention services*: Statewide early intervention services to at-risk children and families, referred by DHS child protective assessment workers.
- *Child welfare services*: Includes child welfare services, such as safety plan services, family safety, risk and permanency services; resource family recruitment and support; family foster care; group care; shelter care and child welfare emergency services; and supervised apartment living services.
- *Juvenile justice services*: Includes graduated sanction programs (i.e., school-based supervision, adolescent tracking, supervised community treatment, and life skills) and drug courts, as well as out-of-home placement for youth adjudicated delinquent (e.g., group care). Note that the graduated sanction programs are three-party contracts that include DHS, JCS and the community based provider. Also includes reimbursement for a portion of the costs of county-operated detention facilities.
- *Training*: Includes contracts with Iowa State University to provide training to DHS child welfare staff and with the Coalition for Family and Children's Services in Iowa to provide training to private child welfare providers.
- *Legal services*: Funds staff in the Attorney General's Office to represent DHS in child welfare cases before the trial court, administrative appeals, Court of Appeals and Supreme Court.

**Service Delivery**

Staff in DHS local offices provide the following services.

- *Child abuse intake*: DHS has centralized child abuse intake in the eight Service Area offices in order to ensure professional and consistent intake decisions. Approximately 32 DHS child protection intake staff receive reports of child abuse, and make the determination to accept or reject the report. Accepted reports are transferred to child abuse assessment staff in local offices.
- *Child abuse assessments*: Approximately 294 DHS child protection staff in local offices assess whether child abuse/neglect has occurred, as well as child safety and continued risk for the child. Responsibilities include face-to-face contact with the child and family to assess safety and risk; interviewing the child and all household members, as well as others that might have information (e.g., physicians, teachers, counselors, etc.); arranging for further medical or forensic evaluations of the child; as well as completing all written reports and notifications. In some cases (e.g., drug-related cases, sexual abuse cases, and any case that may result in criminal charges), child protective staff investigate jointly with law enforcement. If a child needs to be removed from the home to ensure safety, staff work with the county attorney to obtain the necessary court order. Staff also determine if a report should be placed on the child abuse registry. In SFY 2009, the Department completed assessments on 22,483 reports of potential child abuse, determined that 10,701 individual

children were victims of child abuse, and determined that at least one perpetrator should be placed on the child abuse registry in 27% of child abuse reports. (Note that staff conduct similar activities for referrals related to dependent adult abuse, neglect or exploitation.)

- *Family foster care record check evaluations and home study approval:* Service Area staff evaluate child abuse and/or criminal history when foster family applicants have a positive record check, and make the final decision on family foster care licensing.
- *Eligibility determination:* Service Area staff determine eligibility for Medicaid and TANF funding, and for Title IV-E funding for all children in foster care, including those supervised by Juvenile Court Services.
- *Case management:* Approximately 600 DHS local office child welfare staff provide case management for children who need services to address safety, permanency and well-being (e.g., physical health care, behavioral health, and education). DHS case management responsibilities include: engaging the family and their team to develop the child and family's case permanency plan; helping children and families access services funded by DHS, as well as services funded by other departments and organizations (e.g., substance abuse treatment, mental health services, etc.); visiting the child and parents regularly; continuously assessing child safety and risk; arranging for placement of children out-of-home as needed; ensuring that children that are placed out-of-home have opportunities to see and interact with their parents and siblings regularly; overseeing the work of contracted providers; providing regular reports to the Juvenile Court for all non-voluntary cases and testifying in court as necessary; and assisting youth that "age out" of foster care in the transition to young adulthood.
- *Community referrals:* DHS local office child welfare staff also work with families that are not involved with the formal child welfare system to access community based services, such as community care and other voluntary services.
- *Community planning and coordination:* Service Area managers and other local office staff participate in activities in the local community to plan and coordinate services for vulnerable children and families. Staff need to develop and maintain positive working relationships with a number of community entities including Juvenile Court, county attorneys and other attorneys, the medical community, schools and AEA's, court appointed special advocates (CASA's), mental health providers, substance abuse providers, local law enforcement, and local advocacy groups, etc. Without these relationships, DHS could not keep children safe or achieve permanency and well-being outcomes.

*Note:* Approximately 200 Juvenile Court Services (JCS) staff provide case management and supervision for youth who are adjudicated delinquent or who receive juvenile justice services. JCS is part of the Judicial Department; costs associated with JCS are not included in this budget offer.

### **Service Support**

Staff in DHS central office provide the following activities to support child welfare programs and service delivery.

- *Child abuse hotline:* Includes the statewide child abuse hotline, which is maintained in the state office during the workday; and at Eldora State Training School after-hours, weekends and holidays.
- *Contract management:* Includes managing the procurement process and monitoring contractor performance for both child welfare and juvenile justice programs funded under this offer.

- *Licensing*: DHS licenses all child-caring and child-placing agencies that provide foster care services. The Department of Inspection and Appeals (DIA) completes the licensing investigation and makes a recommendation to DHS.
- *Interstate compacts*: Includes managing the Interstate Compact on the Placement of Children (ICPC) and the Interstate Compact on Juveniles (ICJ). Iowa's ICPC office handles placements of children across state lines, including court placements with parents or relatives, foster care and adoptions. In SFY 2009 the ICPC office handled 1,716 requests; of the 1,716 requests, 979 were for children placed outside of Iowa, and 737 were children placed into Iowa. Iowa's ICJ office handles the placement of children across state lines that are adjudicated delinquent including conducting home studies and supervision of children. The Iowa ICJ office also administers the program for runaway children across state lines. In SFY 2009 the ICJ office handled 290 cases; of these 290 cases, 46 cases were runaways, escapee's, absconders and/or juveniles charged as delinquent from Iowa being returned, 71 cases were runaways, escapee's, absconders and/or juveniles charged as delinquent from other states returned, 36 were parole supervision cases, and 137 were probation supervision cases.
- *Information technology*: Includes Iowa's child welfare information system that issues payments and sustains Federal claiming, supports caseworker activities, and is the source for child welfare related data.
- *Federal programs*: Includes completing all state plans, state plan amendments, and program reporting required to claim federal funding; as well as preparation for periodic federal program reviews (i.e., IV-E eligibility and claiming reviews, and the federal Child and Family Service Review).
- *Financial accountability*: Includes budgeting, accounting, Federal/State reporting, cost allocation, and audit coordination and resolution.
- *Program support*: Includes developing and maintaining the administrative rules and employees' manual for child protection, all child welfare programs, and for the graduated sanction programs, to ensure that Iowa's programs comply with all relevant state and federal laws and regulations.
- *Program monitoring*: Includes tracking program outcomes, developing and implementing program improvement plans, and providing data to staff, policy makers and the general public.
- *Constituent relations*: Includes responding to constituent complaints and questions, appeals and requests for exceptions to policy.
- *Relations with stakeholders and partners*: Includes work with key stakeholders and partners, including Juvenile Court, child welfare providers, foster and adoptive parents, substance abuse treatment providers, domestic violence agencies, county attorneys and attorneys that represent parents and children, birth parents, foster care youth and alumni, schools and the educational community, medical community, Native American tribes, etc.
- *Provider payment*: Includes distributing client benefits and provider/vendor payments.
- *Advisory Committees and interagency committees/workgroups*: Includes providing administrative support to the Child Welfare Advisory Committee and Child Protection Council; and participation in several interagency groups, such as the Child Death Review Committee, the Children's Justice State Council, Iowa Collaboration for Youth Development, etc.
- *Corporate leadership*: Includes overall agency strategic management and accountability for the achievement of results.

### **American Recovery and Reinvestment Act (ARRA) Impact**

ARRA authorized additional federal funding for States in the form of a time-limited 6.2% increase in FMAP (Federal Medical Assistance Percentage) for Medicaid and Title IV-E that is effective from 10/01/2008 through 12/31/2010. In SFY 2010, it's estimated that an additional \$1,387,581 in federal Title IV-E funds will be earned as a result of this provision. However, SFY 2010 legislation specified that \$1,387,581 state dollars be transferred from the Child and Family Services (CFS) appropriation to the Human Services Reinvestment Fund. This results in no net change in funding in CFS in SFY 2010 as a result of the increased FMAP. However, the CFS appropriation did receive \$1,190,675 from the Human Services Reinvestment Fund, and \$500,000 from Iowa's share of Federal Government Stabilization funds that were earmarked for shelter care in order to maintain funding at the SFY 2009 contracted level. In addition, Field Operations received \$4,854,216 from the Human Services Reinvestment Fund related to the delivery of child and family services.

The SFY 2010 adjusted status quo budget assumes that the funding needed to replace the reduction in IVE funds in SFY 2011, the \$500,000 in Government Stabilization dollars, and the \$4,854,216 in funding from the Human Services Reinvestment Fund for field operations will be replaced with state funds in order to maintain funding at the SFY 2010 level. The offer includes a decision package to reduce the SFY 2011 request by the amount of the SFY 2010 transfer to the Human Services Reinvestment Fund.

### **Offer Description:**

#### **Today's Activities and Results:**

This offer provides a comprehensive response focused on protecting children from abuse and neglect and responding to juvenile delinquency.

At the current service level, this offer would maintain core child welfare and juvenile justice services at the level funded in SFY 2010. This would include the following.

- Prevention and early intervention, including child abuse prevention grants, HOPES, Community Care, decategorization, adolescent pregnancy prevention, and pregnancy counseling.
- Child protection, including the state child abuse hotline, child abuse related medical tests, and intake and assessments of child abuse reports.
- Child welfare and juvenile justice contracted services, including the following.
  - Safety and permanency services to an average of over 5,000 families per month.
  - Graduated sanction programs including tracking and monitoring services to over 1,800 youth per month, day programming to over 500 youth per month, life skills to almost 400 youth per month, and school based supervision to over 200 youth per month.
  - Family foster care to an average of over children 2,700 per month<sup>1</sup>.
  - Group care to an average of 1,049 children and youth per month.
  - Child welfare emergency services, including community based services to an average of 27 children and youth per month, and shelter care to an average of 246 children and youth per month
  - Supervised apartment living to an average of 76 youth per month.

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<sup>1</sup> This does not include placements in non-licensed relative homes, where no foster care maintenance payment is made.



- Child welfare case management and supervision by DHS staff in local offices, including efforts to achieve safety, permanency and well-being outcomes; and to prepare older youth for the transition from foster care to young adulthood.

In SFY 2011, the Federal Children's Bureau will conduct Iowa's second Child and Family Service Review (CFSR)<sup>2</sup>. The CFSR focuses on safety, permanency and child and family well-being outcomes, as well as seven systemic factors<sup>3</sup>. States are subject to financial penalties ranging from 1% to 5% of their federal IV-B and IV-E funding, if they fail to meet federal expectations in the CFSR, including annual targets for monthly visits with children in foster care.

DHS has engaged in a number of activities and strategies to improve safety, permanency and well-being outcomes for children and families served in the child welfare system. Following is a summary of some of the key activities planned for SFY 2010.

- Safety
  - Implementing a joint protocol developed by DHS, the Department of Public Health and Children's Justice of State Court Administration for working with families to address the relationship between substance abuse by a child's caretaker and child abuse and neglect.
  - Working with the medical community to expand access to medical consultation in child abuse cases.
  - Adding training on advanced interviewing for child protective assessment workers and motivational interviewing for all child welfare staff, as well as additional training on the use of risk and safety assessment tools.
- Permanency
  - Implementing a subsidized guardianship program, under the federal Fostering Connections to Success and Increasing Adoptions Act of 2008<sup>4</sup>.
  - Beginning statewide expansion of the Parent Partners program, which pairs parents whose child has recently been removed from their home with parents that have had their child successfully returned home.
  - Conducting permanency roundtables for children in group care in order to identify and develop permanent family connections.
  - Expanding efforts to address disproportionality and disparity of outcomes for children in families of color across the state, in partnership with the Juvenile Court.
  - Working with the Juvenile Court to continue implementation of family drug courts.
  - Implementing protocols to increase family interaction for children in foster care.
  - Continuing efforts to increase monthly worker visits with children and parents.
  - Expanding efforts to identify, locate, and engage non-custodial parents.
- Well-being
  - Working with Early Access to increase access for children under age 3 that are child abuse victims and/or in foster care.

<sup>2</sup> Iowa's first CFSR was in May 2003. Iowa's second CFSR is scheduled for August 2010.

<sup>3</sup> The seven systemic factors include the following: child welfare information system; case review system; quality assurance system; training; service array; agency responsiveness to the community; foster and adoptive parent licensing, recruitment, and retention.

<sup>4</sup> This will replace the current IV-E waiver subsidized guardianship program, which requires an experimental and control group.

- Implementing joint protocols developed by DHS, the Department of Education and Children's Justice of State Court Administration to ensure that educational records are transferred on a timely basis when children in foster care change schools, and to ensure that children in foster care receive an appropriate education.
- Expanding the Iowa Transition Initiative and dream teams to additional communities, in order to improve outcomes for youth transitioning out of foster care.
- Working with the health/medical community to improve health and dental care for children in foster care.

Juvenile Court Services (JCS) has also focused efforts on improving outcomes for youth adjudicated delinquent. Overall, approximately 66% of youth that are referred to JCS for the first time change their behavior and have no further law violations. Another 26% have a second or third referral, but are ultimately successful. Only about 8% have four or more referrals and become chronic offenders.

JCS efforts have focused on the following.

- Utilizing a standardized research based risk and needs assessment tool to focus on moderate and high risk youth and to guide service planning and decision making.
- Implementing Motivational Interviewing as a tool for engaging youth and parents.
- Incorporating evidence-based programs in their contracts with providers, including aggression replacement training, functional family therapy, and drug courts.
- Expanding use of community based alternatives to detention, especially for youth that violate probation.
- Addressing the disproportionate confinement of minority youth.

As a result of implementing evidence-based practices, JCS has seen the following results.

- Reduction in court filings
- Reduction in recidivism
- Reduction in the number and length of shelter care stays
- Reduction in detention placements
- Reduction in State Training School placements

More appropriate use of group care and a more intense focus on reintegration of young people back into the community following release.

## **Offer Justification:**

### **Legal Requirements:**

DHS strategies for addressing child abuse and neglect are shaped by Federal laws and regulations, as well as state laws and Supreme Court decisions.

### **Federal:**

Child welfare services are governed under Title IV-B and IV-E of the Social Security Act, and under the Child Abuse Prevention and Treatment Act (CAPTA). The Federal government provides funding for child welfare services, with Federal funding directed primarily toward out-of-home care and adoption, vs. services to respond to child abuse reports or to support intact families. The Federal government also sets specific requirements and performance expectations, which are measured through the Child and Family Services Reviews (CFSR). Under the CFSR, states are expected to meet national standards on 7 outcomes related to child safety, permanency, and well-

being. States are also expected to meet Federal standards related to how the state delivers services, including management information systems, case review, foster care recruitment and licensing, training, quality assurance, service array and responsiveness to community.

**State:**

State requirements are found in Iowa Code chapters 232, 232B, 233, 234, 235, 235A, 237, 237B, and 238.

**Rationale:**

The services and activities funded in this offer are based on the findings of Iowa's Child and Family Service Review (CFSR) and implementation of Fostering Connections to Success & Increasing Adoptions Act 2008 (FCSIAA), as well as on extensive discussions with stakeholders across Iowa through "mini" CFSR's that were conducted in each of the eight DHS Service Areas. The strategies align with the CFSR measures and address the key areas identified as needing improvement in Iowa's child welfare system.

Strengthen and Support families

Child welfare prevention, early intervention and in-home services are all designed to strengthen and support families, and prevent the need to remove the child from the family. Research has shown that such programs strengthen families and can reduce the incidence of abuse and neglect.

Community Partnerships for Protecting Children (CPPC) has also resulted in increased community supports for families and children.

DHS' use of family team meetings is designed to strengthen family engagement and to increase the availability of informal support to the family (e.g., through engaging extended family and friends). Research indicates that the more a family is engaged in the planning and services for their children, the more likely the family will achieve their goals and eliminate the need for further services. Family engagement has also been linked to lower rates of repeat abuse and neglect, timely reunification, placement stability and lower rates of foster care re-entry.

Investing funds in worker retention and monthly face-to-face visits with children and families will also improve safety, permanency and well-being.

Investing funds into graduated sanctions for juvenile delinquents assists in keeping youth with their families in their home community while still assuring protection for the community.

Safe and Healthy Living Environments

The purpose of the child abuse hotline and child abuse assessments is to determine whether abuse/neglect has occurred and to assess the on-going safety of the child in the home. Family foster care, group care and shelter care services all provide safe and healthy living environments for children who are unable to remain safely in their parents' home.

As noted above, improving worker retention and increasing monthly visits with children and parents will contribute to lower rates of repeat abuse and neglect and foster care re-entry, and higher rates of timely reunification and placement stability.

Community Based Services for Vulnerable Populations

This offer funds a range of community based child welfare and juvenile justice services to protect children from child abuse/neglect and to address the impact of child abuse/neglect, as well as to address juvenile delinquency.

Numerous studies have also shown the cost-effectiveness of prevention and early intervention programs.

#### Access to Quality Care

Various studies have identified negative effects of child abuse and neglect on child development.

- Children exposed to physical abuse and/or neglect often experience adverse impacts in their physical health, brain development, cognitive and language skills, academic achievement, socio-emotional functioning.
- Neglect is associated with a variety of developmental difficulties in childhood, including cognitive, language, and academic delays, poor peer relations, and internalizing (anxiety, depression) and externalizing (aggression, impulsivity) behavior problems.

As DHS continues to build results-based performance expectations into contracts for child welfare services purchased from private providers, we increasingly expect providers to use research-based approaches to quality services.

#### Continuum of Sanctions

Graduated sanction programs provide a continuum of sanctions available to juvenile offenders.

### **Results:**

<b>Result:</b>	<b>SFY 2009 Level</b>	<b>SFY 2010 Budget Level</b>	<b>SFY 2011 Offer Level</b>
Percentage of children who do not experience repeat abuse and neglect within 6 months (Data source: administrative data)	91%	91.2%	91.2%
Percentage of children exiting foster care who do not re-enter foster care within 12 months of last foster care episode (Data source: administrative data)	90.5%	90.7%	90.7%
Percentage of children having monthly face-to-face visits with their DHS caseworker (Data source: case reading)	75%	75%	75%
Percentage of parents having monthly face-to-face visits with their DHS caseworker (Data source: case reading)	46%	46%	46%
Percentage of youth who are not arrested within 6 months of completing graduated sanction program (Data source: Division of Criminal & Juvenile Justice Planning)	71%	71%	71%

Sustaining service delivery assumes the level of funding requested in the offer, as well as full funding of salary adjustment. If salary adjustment is not received for SFY 2011, this would be the equivalent of the loss of an estimated 2.76 general administration FTE's and 44.53 field FTE's. If funding is insufficient in either area, results to be achieved will be modified to reflect the impact.